

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>PETITION / APPLICATION</b> <b>FOR HOSPITALIZATION</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ Social security no. \_\_\_\_\_

Court ORI	Date of birth	Race	Sex
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1. I, \_\_\_\_\_, an adult \_\_\_\_\_ petition/apply because  
Name (type or print) specify whether a relative, neighbor, peace officer, etc.

I believe the individual named above needs treatment.

2. The individual was born \_\_\_\_\_, has a permanent residence in \_\_\_\_\_  
Date

County at \_\_\_\_\_  
Street address City State Zip

and can presently be found at \_\_\_\_\_  
Address

3. I believe the individual has mental illness and

- ☐ a. as a result of this mental illness, the individual can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
- ☐ b. the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
- ☐ c. the individual's judgment is so impaired s/he is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others. (If this is the only item checked, you must file this petition with the court before the person can be hospitalized.)

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

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(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

b. conduct and statements that others have seen or heard and have told me about:

by: \_\_\_\_\_  
Witness name Complete address Telephone no.

by: \_\_\_\_\_  
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian		

6. The individual ☐ is ☐ is not a veteran.

7. **I request** the court to determine the individual to be a person requiring treatment and that s/he be hospitalized until the hearing.

I declare that this petition/application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Name of person assisting in preparing petition

Title and name of agency

Address

City, state, zip

Telephone no.

Signature of petitioner

Address

City, state, zip

Home telephone no.

Work telephone no.

Attached is a ☐ clinical certificate by physician or licensed psychologist taken within the last 72 hours.  
☐ clinical certificate by psychiatrist taken within the last 72 hours.  
☐ petition/affidavit for examination (PCM 209) because examination could not be secured.

FOR HOSPITAL  
USE ONLY

This Application for Hospitalization was filed with the hospital on \_\_\_\_\_ at \_\_\_\_\_ m.

Signature of hospital representative